

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-8738



June 19, 1981

ALL-COUNTY LETTER NO. 81-64

TO: ALL COUNTY WELFARE DIRECTORS
DISTRICT ATTORNEYS

SUBJECT: COUNTY FORMS

REFERENCE:

This letter is in reference to All County Information Notice (ACIN) 1-23-81 dated March 3, 1981. As previously anticipated, effective July 1, 1981, counties will be charged for forms. Because of the financial constraints imposed upon us by the 1981/82 budget, it will be necessary to charge not only for those forms that were referenced in ACIN 1-23-81, but also for those forms previously designated as "free". The only exceptions to this will be Publications, Community Care Licensing forms (LIC) issued for the sole use of licensed facilities, and forms from other departments supplied to counties through our warehouse. These constraints will also necessitate maintaining our inventory levels at a minimum and in some instances, back ordering.

For these reasons, and because we realize the constraints under which all counties will be operating, the department will make available camera-ready copies for those counties that determine it to be advantageous to print their own forms. These copies may be obtained through our department's Forms Systems Unit at (916) 322-8738.

A partial list of forms and their unit costs is attached. In July, a new edition of the County Forms Catalog will be released listing all forms and their unit costs. Counties will be billed for forms on a quarterly basis. Complete ordering and billing instructions will be contained in the new catalog. However, any orders received after July 1 and prior to the release of the new catalog will be processed as usual. Appropriate cost information for those orders will be returned to the county prior to the quarterly billing.

Counties will continue to order on Forms Order (GEN 727B) only. Orders for free forms mentioned above, should not be included with orders for purchased forms. If an order is received listing both free and sold forms, it could result in a delay in filling the order. Due to possible billing discrepancies, orders will not be accepted by telephone.

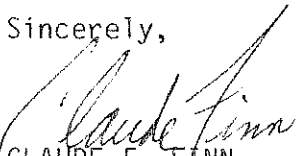


Counties will be responsible for notifying the Department of Social Services Warehouse, (916) 322-6250, within five working days of receipt of incomplete or incorrect orders (shortages, damages) to request adjustments to their billing. In the event of damage in transit, the department will file a claim against the carrier. The following documents should be forwarded in order to substantiate the claim:

1. Copy of the carrier's freight bill or delivery document bearing notation of the shortage and/or damage.
2. Copy of carrier's inspection report when issued.
3. Statement of all pertinent facts concerning the shortage or damage not in the above documents.

If you have any questions, please contact Nancy Ward at (916) 322-8738.

Sincerely,



CLAUDE E. FINN
Administration

<u>FORM</u>	<u>UNIT COST \$</u>	<u>FORM</u>	<u>UNIT COST \$</u>
ABCD 239A	.11 SET	ABCD 239.26	.05 SET
ABCD 239A (SP)	.11 SET	ABCD 239.26 (SP)	.05 SET
ABCD 239B	.06 SET	ABCD 239.27	.05 SET
ABCD 239B (SP)	.06 SET	ABCD 239.27 (SP)	.05 SET
ABCD 239.2	.05 SET	ABCD 239.28	.07 SET
ABCD 239.2 (SP)	.05 SET	ABCD 239.28 (SP)	.07 SET
ABCD 239.3	.05 SET	ABCD 239.29	.08 SET
ABCD 239.3 (SP)	.05 SET	ABCD 239.29 (SP)	.08 SET
ABCD 239.6	.10 SET	ABCD 239.32	.06 SET
ABCD 239.6 (SP)	.10 SET	ABCD 239.32 (SP)	.06 SET
ABCD 239.7	.08 SET	ABCD 239.33	.05 SET
ABCD 239.7 (SP)	.08 SET	ABCD 239.33 (SP)	.05 SET
ABCD 239.8	.19 SET	ABCD 239.40	.06 SET
ABCD 239.8 (SP)	.19 SET	ABCD 239.40 (SP)	.06 SET
ABCD 239.10	.09 SET	ABCD 278L	1.94 PAD
ABCD 239.10 (SP)	.09 SET	ABCD 278M	.04 EACH
ABCD 239.10X	.06 SET	ABCD 351	1.71 BUNDLE
ABCD 239.10X (SP)	.06 SET	ABCD 801	3.58 PAD
ABCD 239.10Y	.06 SET	ABCD 820	1.42 PAD
ABCD 239.10Y (SP)	.06 SET		
ABCD 239.14	.07 SET	ABCDM 215	2.39 PAD
ABCD 239.14 (SP)	.07 SET	ABCDM 228	1.75 PAD
ABCD 239.15	.11 SET	ABCDM 228 (SP)	1.75 PAD
ABCD 239.15 (SP)	.11 SET	CA 1 (2 Part)	.03 SET
ABCD 239.16	.05 SET	CA 1 (2 Part (SP)	.03 SET
ABCD 239.16 (SP)	.05 SET		

<u>FORM</u>	<u>UNIT COST \$</u>	<u>FORM</u>	<u>UNIT COST \$</u>
CA 2	.15 SET	CS 278L	2.07 PAD
CA 2 (SP)	.15 SET	CS 278M	.02 EACH
CA 2.1 NOTICE	1.09 PAD		
CA 2.1 NOTICE (SP)	1.09 PAD	CS 801	.02 EACH
CA 2.1 QUESTIONNAIRE	1.46 PAD		
CA 2.1 QUESTIONNAIRE (SP)	1.46 PAD	DFA 285A	.05 SET
CA 2.2	2.36 PAD	DFA 285A (SP)	.05 SET
CA 2.2 (SP)	2.36 PAD	DFA 285B	1.69 PAD
CA 4	.91 PAD	DFA 285C	1.48 PAD
CA 4 (SP)	.91 PAD	DFA 285C (SP)	1.48 PAD
CA 5	.08 SET	DFA 288	1.58 PAD
CA 6	2.32 PAD	DFA 377.1	.04 SET
CA 6 (SP)	2.32 PAD	DFA 377.1 (SP)	.04 SET
CA 7	.01 EACH	DFA 377.2	.04 SET
CA 7 (SP)	.01 EACH	DFA 377.2 (SP)	.04 SET
CA 7 (STUFFER)	.01 EACH	DFA 377.5	.01 EACH
CA 8	.94 PAD	DFA 377.5 (SP)	.01 EACH
CA 8 (SP)	.94 PAD	DFA 377.9	.08 SET
CA 20	.04 EACH	DFA 377.9 (SP)	.08 SET
CA 20 (SP)	.04 EACH		
CA 40 (BILINGUAL)	.01 EACH	ECS 155	42.21 CARTON
CA 51	.09 EACH	NA 290	.05 SET
CA 51 (SP)	.09 EACH	NA 290 (SP)	.05 SET
CA 241	1.61 PAD of 100	SOC 155	1.33 PAD
CA 293	2.84 PAD	SOC 155 (SP)	1.33 PAD
CA 293 (SP)	2.84 PAD	SOC 156	1.22 PAD
CA 331/333	.05 SET	SOC 156 (SP)	1.22 PAD
CA 371	.05 SET		

<u>FORM</u>	<u>UNIT COST \$</u>
SOC 239A	1.90 PAD
SOC 293	.02 EACH
SOC 294A	.02 EACH
SOC 295	1.69 PAD
SOC 310	.09 SET
SOC 311	.02 EACH
SOC 312	1.88 PAD
SOC 316	.07 SET
SOC 317	.01 EACH
SOC 321	.03 EACH
SSP 3	.09 SET
SSP 3 (SP)	.09 SET
SSP 4B	.13 SET
SSP 14	.05 SET
SSP 14 (SP)	.05 SET
TEMP DFA 285A	.03 SET
TEMP DFA 285A (SP)	.03 SET